

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: Family Planning Providers
Managed Care Plans
CSO Administrators
Regional Administrators

Memorandum No: 02-36 MAA
Issued: June 7, 2002

For Information Call:
1-800-562-6188

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration (MAA)

Supersedes: 01-47 MAA
01-81 MAA

Subject: Update to the RBRVS* and Vendor Rate Increase for Family Planning

Effective for dates of service on and after July 1, 2002, the Medical Assistance Administration (MAA) will implement:

- The updated Medicare Physician Fee schedule Data Base (MPFSDB) Year 2002 relative value units (RVUs);
- The Year 2002 additions of Current Procedural Terminology (CPT™) codes;
- Changes to Health Care Financing Administration Common Procedure Coding System (HCPCS) Level II codes;
- Technical changes; and
- A legislatively appropriated one and one-half (1.5) percent vendor increase.

Maximum Allowable Fees

In updating the fee schedule with Year 2002 RVUs, MAA maintained overall budget neutrality. The 2001-2003 Biennium Appropriations Act authorizes this one and one-half (1.5) percent vendor rate increase for MAA fee-for-service programs. The maximum allowable fees have been adjusted to reflect the changes listed above.

(continued on next page)

* RBRVS stands for Resource Based Relative Value Scale

*CPT codes and descriptions are copyright 2001 American Medical Association.
CPT is a trademark of the American Medical Association.*

Coding Changes

Oral Contraceptives

Effective for dates of service on and after July 1, 2002, the state-unique code 0390M for birth control pills is discontinued. Providers must **use HCPCS code S4993** (Contraceptive pills for birth control) to bill for birth control pills.

Lunelle

Retroactive to dates of service on and after May 1, 2002, MAA discontinued state-unique code 1111J for Lunelle. Providers must **use HCPCS code J1056** to bill for Lunelle.

Non-Copper IUD (Progestacert)

Effective for dates of service on and after July 1, 2002, the state-unique code 9911M for intrauterine device (non-copper) is discontinued. Providers must **use HCPCS code S4989** (contraceptive intrauterine device) to bill for a non-copper IUD (Progestacert). Continue to bill the Paragard IUD and Mirena IUD as listed in the attached fee schedule.

Attached are replacement pages 13-16 for MAA's Family Planning Billing Instructions, dated April 2000. To obtain this fee schedule electronically, go to MAA's website at <http://maa.dshs.wa.gov> (click on the Provider Publications/Fee Schedules link).

Bill MAA your usual and customary charge.

The following services are **not** considered family planning:

- Infertility treatment services;
- Abortions;
- Menopausal treatment services;
- Cancer screenings; and
- All other reproductive health care services or primary care services and prenatal care services.



Note: For billing services other than family planning and sexually-transmitted disease (STD) services, use your general medical MAA provider number (not your family planning clinic number) and bill using the RBRVS (Resource-Based Relative Value Scale) procedure codes (see below).

What if a provider has more than one provider number?

When your agency has more than one provider number, the following table outlines which number to use for billing Family Planning Services for self-referred Healthy Options and non-managed care fee-for-service (FFS) clients.

Type of Service	Self-Referred Healthy Options Clients	Family Planning Extension Clients	All Other Eligible Clients
Family Planning	Family Planning number	Family Planning number	Family Planning number
Sexually Transmitted Disease (STD)	Family Planning number	Family Planning number or Medical number	Family Planning number or Medical number
Abortion	Medical number	Not covered	Medical number
Other: menopause, preventive care, abnormal pap, precancerous conditions	Refer client to Primary Care Provider	Not covered	Medical number

Fee Schedule

Related codes are listed in your current Physician-Related Services Billing Instructions.

Procedure Code	Brief Description	July 1, 2002 Maximum Allowable Fee	
		Non-Facility Setting	Facility Setting

PRESCRIPTION BIRTH CONTROL METHODS

Oral Contraceptives

S4993	Contraceptive pills for birth control	\$17.00	\$17.00
1112J*	Emergency Contraceptive Pills (including Preven and Plan B)	Acquisition Cost	Acquisition Cost

Cervical Cap/Diaphragm

9912M*	Diaphragm	45.00	45.00
A4261	Cervical cap for contraceptive use	47.00	47.00
57170	Fitting of diaphragm/cap	55.74	30.26

Implant

A4260	Levonorgestrel (Norplant) implant system, including implant and supplies. <i>One allowed in a 5-year period.</i>	451.68	451.68
11975	Insert contraceptive capsule	93.67	93.67
11976	Removal of contraceptive capsule	119.95	119.95
11977	Removal/Insert contra capsule	213.62	213.62

*State-unique procedure code

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Fee Schedule

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Family Planning Services

Procedure Code	Brief Description	July 1, 2002 Maximum Allowable Fee	
		Non-Facility Setting	Facility Setting

Injectables

J1055	Injection, medroxyprogesterone acetate (Depo-Provera). <i>Allowed once every 67 days.</i>	\$49.99	\$49.99
J1056	Injection, medroxyprogesterone acetate/estradiol cypionate (Lunelle). <i>Allowed once every 23 days.</i>	24.02	24.02

Intrauterine Devices (IUD)

J7300	Intrauterine copper device (Paragard)	280.00	280.00
S4989	Intrauterine device (non-copper) (Progestacert)	116.31	116.31
J7302	Levonorgestrel-releasing IUD (Mirena)	355.50	355.50
58300	Insertion of IUD	57.10	33.67
58301	Removal of IUD	68.25	42.54

NON-PRESCRIPTION OVER-THE-COUNTER (OTC) BIRTH CONTROL METHODS

0391M*	Condoms, contraceptive foam, gel, jelly, film, cream, and suppositories. <i>OTC products listed may not be available for billing MAA due to federal approval status.</i>	Acquisition Cost	Acquisition Cost
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AIDS COUNSELING SERVICES

9020M*	Risk factor reduction intervention for HIV/AIDS clients	27.63	27.63
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*State-unique procedure code

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Fee Schedule

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Billing

What is the time limit for billing?

State law requires that you present your final charges to MAA for reimbursement no later than 365 days from the date of service. (RCW 74.09.160)

- **For eligible clients:** Bill MAA within 365 days after you provide a service(s).
- **For clients who are not eligible at the time of service, but are later found to be eligible:** Bill MAA within 365 days from the Retroactive¹ or Delayed² certification period.
- **MAA will not pay if:**
 - ✓ The service or product is not covered by MAA; or
 - ✓ MAA is not billed within the time limit indicated above.

If you have questions about billing, please call 1-800-562-6188 for information or training.

Third-Party Liability

If a client has third-party insurance, the Family Planning provider **submits the claim for family planning services directly to MAA**. MAA arranges for third-party reimbursement.

¹ **Retroactive Certification:** An applicant receives a service, then applies to MAA for medical assistance at a later date. Upon approval of the application, the person was found to be eligible for the medical service at the time he or she received the service. The provider **MAY** refund payment made by the client and then bill MAA for these services.

² **Delayed Certification:** A person applies for a medical program prior to the month of service and a delay occurs in the processing of the application. Because of this delay, the eligibility determination date becomes later than the month of service. A delayed certification indicator will appear on the MAID card. The provider **MUST** refund any payment(s) received from the client for the period he/she is determined to be Medicaid-eligible, and then bill MAA for those services.